

Encuentre adjunta su nueva tarjeta de identificación para beneficios
Si usted es apto para recibir beneficios, puede usar esta tarjeta para:

- Medicaid
- Subsidio del Programa de Asistencia Nutricional Suplementaria (SNAP)
- Asistencia Temporal

USTED TIENE QUE LLEVAR CONSIGO ESTA TARJETA para recibir estos servicios

LOS
SAL
FAR

DATE PRINTED : 06/10/2022 06:15:48



ID NUMBER CARD NUMBER

DOB

LAST NAME

FIRST NAME / M.I.

ACCESS NUMBER

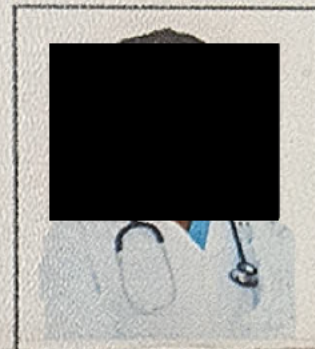
SEQ #

NEW YORK STATE SERVICE HELPLINE WILL ASK IF YOU WISH TO HAVE YOUR CARD REPLACED AND MAILED. PLEASE FOLLOW THE STEPS DURING THIS PROCESS TO RECEIVE YOUR REPLACEMENT CARD IN A TIMELY MANNER.

IMPORTANT: *RECIPIENTS ENROLLED IN MEDICAID THROUGH NYSOH, THE OFFICIAL HEALTH PLAN MARKETPLACE SHOULD CONTACT NYSOH CUSTOMER SERVICE AT: 1-855-355-5777 TO REQUEST A REPLACEMENT BENEFIT CARD.



Mount
Sinai



JESSICA BOTTOMLEY, MD
Physician



384

ARIZONA
Driver License

Number
Expires
Date of Birth
Issued

Class C Sex F
Eyes BRO Height
Hair BLK Weight



Arizona

DRIVER LICENSE USA



9 CLASSD
9a END NONE
12 REST NONE

4d DLN
3 DOB

4b EXP

4a ISS

16 SEX F

16 EYES BRN

16 HGT

19 HAIR BLK

17 WGT

DONOR

5 DD

DMV CALIFORNIA DMV

DRIVER LICENSE

CLASS: C

EXPIRES 08-03-13



SEX: F

HAIR: BLK

EYES: BRN

Suzanne Fret

05/18/2008 235 RB FD/13

NYC IDENTIFICATION CARD

ID NUMBER

NAME
Blackwood Fews
Sakoya Shermarie

ADDRESS/ZIP

DATE OF BIRTH

EYE COLOR
Brown

EXPIRATION

HEIGHT

GENDER
F

ORGAN DONOR

